



CDC LABORATORY

Specimens for isolation sent? \_\_\_\_\_ Received \_\_\_\_\_ Date received \_\_\_\_\_  
Specimen type Date obtained Result (type)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strain characterization results: van Wazal \_\_\_\_\_

Oligonucleotide \_\_\_\_\_

Serum specimens submitted? \_\_\_\_\_ Received \_\_\_\_\_ Date(s) received \_\_\_\_\_  
Test (Neut) Date obtained P1 P2 P3

Serum 1 \_\_\_\_\_

Serum 2 \_\_\_\_\_

Serum 3 \_\_\_\_\_

EMG \_\_\_\_\_ Nerve conduct \_\_\_\_\_

IMMUNOLOGIC STATUS

Known immune deficiency? \_\_\_\_\_ Describe \_\_\_\_\_

Immune studies? \_\_\_\_\_ Which? \_\_\_\_\_ Results \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

FOLLOW UP date of 60 day followup \_\_\_\_\_

Sites of paralysis: Spinal Bulb S-B Specify sites \_\_\_\_\_

60-day residual: 1 None 2 Minor 3 Significant 4 Severe Unk

Death \_\_\_\_\_ Date \_\_\_\_\_

ADDITIONAL COMMENTS:

IMMUNIZATION OF CASE

TOPV prior to onset symptom? \_\_\_\_\_ If yes date \_\_\_\_\_ Lot# \_\_\_\_\_  
IPV: Total doses ever received \_\_\_\_\_ Dates \_\_\_\_\_  
OPV: MOPV-Total doses ever received \_\_\_\_\_ Dates \_\_\_\_\_  
TOPV-Total other doses ever received \_\_\_\_\_ Dates \_\_\_\_\_

EXPOSURE HISTORY

Case/HH member travel endemic/epidemic area? \_\_\_\_\_ Who \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_  
Case/HH member exposure to person(s) from or returning from endemic areas? \_\_\_\_\_  
Who \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_  
Case/HH contact with known case? \_\_\_\_\_ Who \_\_\_\_\_ Where \_\_\_\_\_ Date \_\_\_\_\_  
OPV recipient contact? \_\_\_\_\_  
Household contact? \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_ Relation \_\_\_\_\_  
Non-household contact? \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_  
Date contact received OPV \_\_\_\_\_ Dose number \_\_\_\_\_ Lot# \_\_\_\_\_

STATE LABORATORY

Specimens for isolation submitted? \_\_\_\_\_  

<u>Specimen type</u>	<u>Date obtained</u>	<u>Result (type)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Serum specimens submitted? \_\_\_\_\_  

	<u>Test (Neut, CF)</u>	<u>Date obtained</u>	<u>P1</u>	<u>P2</u>	<u>P3</u>
Serum 1	_____	_____	_____	_____	_____
Serum 2	_____	_____	_____	_____	_____
Serum 3	_____	_____	_____	_____	_____